2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000176O AF

DOCUMENT # A95000002088

1. Entity Name

DMD VENTURES, LTD.

Principal Place of Business	Mailing Address
9700 PHILIPS HIGHWAY #101 JACKSONVILLE FL 32256	9700 PHILIPS HIGHWAY #101 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3398948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KESLER, MORTON A
9700 PHILIPS HWY, #101
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Mark G. Pass

Street Address (P.O. Box Number is Not Acceptable)

9700 Philips Hwy, #101

City Jacksonville **FL** Zip Code 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$600.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000097862	STREET ADDRESS	200004275722--7
NAME	ADIUM OF JAX, INC.		-05/22/01--01030--018
STREET ADDRESS	10407 CENTURION PARKWAY NORTH, SUITE 101	CITY-ST-ZIP	*****88.75 *****88.75
CITY-ST-ZIP	JACKSONVILLE FL 32256		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200004275722--7
NAME			-05/22/01--01030--019
STREET ADDRESS		CITY-ST-ZIP	*****52.50 *****52.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 2/12/01 904.224.0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #